

RECEIVED

STATE OF SOUTH DAKOTA  
**Statement of Legal Newspaper Ownership and Circulation**  
 SD Secretary of State

DEC 08 2023

1. TITLE OF NEWSPAPER		The Hoven Review	
3. FREQUENCY OF ISSUE		3A. NO. OF ISSUES PUBLISHED ANNUALLY	2. DATE 9-27-2023
Weekly		52	3B. ANNUAL SUBSCRIPTION PRICE \$ \$37.00 in-state/\$40.00 out of state
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) Po Box 31, Hoven, SD 57450			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) The Hoven Review, Po Box 37, 69 2nd Ave E, Hoven, SD 57450			
6. FULL NAME OF PUBLISHER: Hoven Media Inc.,			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)			
FULL NAME List on Back		COMPLETE MAILING ADDRESS	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)			
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		600	600
B. PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors, and counter sales.		80	69
2. Mail Subscription (Paid and or requested)		431	431
3. Paid Electronic Copies		0	0
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		511	500
D. FREE DISTRIBUTION			
1. BY MAIL, CARRIER OR OTHER MEANS		0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		5	5
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		516	505
F. COPIES NOT DISTRIBUTED			
1. Office use, left over, unaccounted, spoiled after printing		84	95
2. Return from News Agents		0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)		600	600

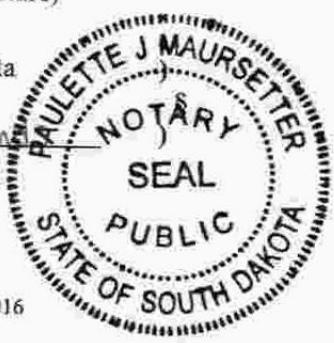
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
 I swear that the statements made by me are true, correct, and complete:

Scandin  
 (Signature)

State of South Dakota

County of Edmunds

(Seal)



Paulette J. Maursetter  
 (Title)

Sworn to before me this 27<sup>th</sup> day of September, 2027

Paulette J. Maursetter  
 Notary Public

My commission expires: June 12, 2029

<u>owners</u>	<u>Mailing address</u>
Dave & Grace Van Well	14643 319th Ave, Haven, SD 57450
Bill & Gloria Duerwald	15433 316th Ave, Haven, SD 57450
Jeff Duerwald	15333 316th Ave, Haven, SD 57450
Royle Hatch	1920 Wyndstone Bay, Apt 1103 Billings, MT 59105